

# Labor Organization Officer and Employee Report



**U.S. Department of Labor**  
Employment Standards Administration  
Office of Labor-Management Standards



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved - OMB No. 1215-0188  
Expires 11-30-2002

LM542-666

1. Name and address of person filing MARK Lyon P.O. Box 378 Boyd Tx 76023	2. Name and address of labor organization Aircraft Mechanics Fraternal Assoc. AmFA Local 11
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3. Position in labor organization Airline Representative	4. Date fiscal year ended 2004	5. File number (if assigned) 91974
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Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name of Employer Southwest Airlines	Address of Employer 2832 Shorecrest Dr. Dallas TX 75235
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7. Nature of Interest, Transaction or Income Profit sharing plan - to be exercised when leaving the Company 2400 share stock option included in current Collective bargaining Agreement - To be exercised by
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of business NONE	Address of business
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9. Business deals with— <input type="checkbox"/> A. Labor Organization <input type="checkbox"/> B. Trust <input type="checkbox"/> C. Employer	10. If 9B or 9C is checked give trust or employer's name NONE
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11. Nature and approximate dollar value of such dealings NONE
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12. Nature of interest held or income received NONE
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13. Name and address of employer <input type="checkbox"/> or consultant <input type="checkbox"/> NONE	14. Nature of payment NONE
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IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

15. Signature and verification—The undersigned declares, under the applicable penalties of the law, that all of the information in this report, including the attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

Signed: Mark Lyon at Dallas Tx on 16 Jul 03  
City State Date